

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	12 December 2018
Reporting Officer of Strategic Commissioning Board	Jessica Williams – Interim Director of Commissioning
Subject:	COMMUNITY HEALTH ESTATE AND INTEGRATION
Report Summary:	A strategic vision for the modernisation of the Community Healthcare Estate and the development of Integrated Neighbourhood Hubs.
Recommendations:	<p>The Strategic Commissioning Board is requested to:</p> <ol style="list-style-type: none"> 1. Note the prioritisation of estates and neighbourhood integrated hubs within Greater Manchester and that external resource has been made available centrally to develop opportunities. 2. Note that Tameside and Glossop Strategic Commission have been successful in securing some of this resource via funding bids ranging from £25k to £80k and totalling £250k. 3. Approve the spend of these funds to gain more detailed understanding of potential neighbourhood opportunities leading to development of Outline Business Cases.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Full consideration shall be given to the financial implications of each outline business case when produced. The financial implications will vary in nature but all will need to demonstrate a return on investment and value for money in order to proceed through our governance route.
Legal Implications: (Authorised by the Borough Solicitor)	<p>This report seeks only to approve expenditure of Funding provided to the CCG for the purpose of developing business cases. Such expenditure must comply with Financial Standing order and procurement obligations.</p> <p>It should be noted that all Outline Business Cases will need to be agreed in advance by the Strategic Commissioning Board – any approvals and authorisations will be dependent on the source of the budget for the proposals if reliant on council funding and this ultimately may be dependent on full Council approval. Meanwhile no liabilities should be committed to and / or incurred before such authority provided.</p> <p>There are some significant legal and financial issues that will need to be considered by any potential delivery model, this is because the Council is able to buy and hold land whereas health can only lease land through a health company – therefore any integrated approaches whilst on the face of them provide a common sense approach, there is currently no legal framework in place that would protect the council in the event that any lease was reneged upon. Accordingly these are issues that need to be developed further and understood before any individual business case can be agreed. It is something we will need to get our external auditors to sign off.</p>

How do proposals align with Health & Wellbeing Strategy?	The strategic vision for the modernisation of the Community Healthcare Estate and the development of Integrated Neighbourhood Hubs is aligned with the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The strategic vision for the modernisation of the Community Healthcare Estate has been developed in line with the Locality Plan and proposed model of care.
How do proposals align with the Commissioning Strategy?	The proposal aligns with the commissioning intentions in the Commissioning Strategy. It aims to reduce overhead costs and to enhance service delivery by integrating customer and patient services.
Recommendations / views of the Health and Care Advisory Group:	This strategy is sighted economy wide and all executive and stakeholder groups are in support of its development.
Public and Patient Implications:	There are no public and patient implications at this initial stage, however this will be taken into consideration should any modernisation of Estates and/or development of Hubs proceed.
Quality Implications:	Quality Impact Assessments will be carried out as/when necessary. They are not required at this early stage in the process and will be covered should there be development of a business case
How do the proposals help to reduce health inequalities?	The long term plan aims to provide more aligned care for each of the neighbourhoods, making access to health and social care more streamlined for all
What are the Equality and Diversity implications?	Equality Impact Assessments will be undertaken as/when required and would be included within the business case
What are the safeguarding implications?	Safeguarding implications of the proposals will be considered and addressed on an individual basis.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance and Privacy Impact assessments will be undertaken as and when required, but these are not currently required at this early stage in the process
Risk Management:	Risk implications shall vary for each project but shall be considered in detail within each Outline Business Case. The risk of not acting against this report detail shall also be addressed.
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Mathew Chetwynd, Estate Business Manager, by:
	 Telephone: 0161 342 5500
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1.0 INTRODUCTION

- 1.1 NHS community services are delivered from circa 30 locations across Tameside and Glossop. The towns of Ashton and Glossop are the only neighbourhoods to have benefited from modernised healthcare facilities over the past 25 years with the exception of a small clinic owned by Pennine Care NHS Foundation Trust in Stalybridge. With increasing housing developments and ageing NHS infrastructure, there is a need to ensure that all neighbourhoods benefit from modern and fit for purpose healthcare facilities. This report attempts to articulate the main issues surrounding the community and primary care estate and outlines a developing plan to modernise the estate in combination with delivering multi-agency services co-located in each neighbourhood.

2.0 BACKGROUND

- 2.1 The integration of the Clinical Commissioning Group, Local Authority and local Acute Trust presents opportunities which would be otherwise unachievable in respect to Estates. Prior to integration, the Clinical Commissioning Group delivered two modern Primary Care Centres in Ashton and Glossop which relied on a Private Finance Initiative investment model which before 2013 was the only available method to develop new healthcare facilities. New partnership arrangements allow the potential for healthcare estate developments in conjunction with the Council and the wider public sector.
- 2.2 With the exception of the Primary Care Centres, the remainder of the NHS community estate is almost entirely leasehold. It is reliant on the former NHS Primary Care Trust estate which over time has suffered from a significant lack of capital investment. Coupled with an ageing infrastructure and rising rental costs well in excess of budget allocations, there is a need to develop a modernised community estate to ensure that all neighbourhoods can access a wide range of integrated, high quality services.
- 2.3 In addition, much of the Primary Care estate has lacked capital investment and capacity issues are now a common theme across many GP practices. Almost a fifth of local GP practices operate in leasehold premises and this disadvantages any opportunity to improve their buildings. Tameside and Glossop plan to deliver new affordable housing developments which is only likely to increase GP capacity pressures. There is now an opportunity to explore how Primary Care constraints could be addressed within neighbourhood estate developments.
- 2.3 Over the past 3 years, the wider public sector has been working together on common estates themes and has been working on the benefits of delivering co-located services. In addition to the NHS and Tameside MBC, the Department of Work and Pensions, Police, Court Estate and third sector partners are seeking to come together and offer a multi-agency approach to improve resident / patient service delivery and to release system cash savings by reducing their estates costs and removing appointment pressures.

3.0 STRATEGY DEVELOPMENT

- 3.1 The total leasehold community and primary care estate costs circa £8m per annum to operate. There is no budget locally or nationally for capital investment to improve this ageing infrastructure. Within a borough covering a relatively small geographical area, there is an opportunity to rationalise this estate into a much smaller number of buildings without losing local service provisions. The funding mechanism to enable this strategy essentially relies on capitalising the NHS rental revenue costs into a capital sum to enable Tameside MBC to deliver new facilities by the NHS guaranteeing the rent.

- 3.2 In each neighbourhood, there are a variety of estate options and differing pressures to be considered. These range from the need to avoid investing in existing poor estate, the expiry of current leases, opportunities for development and capacity issues relating to housing developments.
- 3.3 Initial assessment of opportunities for delivering an integrated neighbourhood estate which could deliver services in a co-located or hub format has been carried out. To date the estates element of the work has been developed further than the service delivery model which presents risks in relation to the non-estates savings, however given that so many estates issues are pressing it has been necessary to move at pace. A specific programme to develop the service delivery model is in the process of being established.
- 3.4 Due to the prioritisation of estates and integrated hubs within Greater Manchester, resource has been made available centrally to develop opportunities further. Tameside and Glossop Strategic Commission have submitted a number of funding bids based on specific neighbourhoods and all have been successful. The funding allocations awarded range from between £25k to £80k with a total sum of external monies secured amounting to £250k. It is proposed to use these funds to develop more detailed assessment of potential opportunities.

4.0 SUMMARY

- 4.1 There is a clear need to deliver solutions for the community health estate which addresses building condition, rising costs and service need. These solutions need to encourage a collaborative public asset approach and a multi-agency delivery approach to ensure that resident / patient needs and care are joined up.
- 4.2 Ashton and Glossop neighbourhoods already have the benefit of modern community provision and although this has been broadly health until now, working groups in each neighbourhood will be identifying opportunities for closer working with the wider public sector. It is apparent that other neighbourhoods have been disadvantaged by a lack of modernised health facilities and therefore the focus on developing new schemes will be in the remaining neighbourhoods of Hyde, Denton and Stalybridge.

5.0 RECOMMENDATIONS

- 5.1 As set out on the front of the report.